

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 17 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000051259

1. Corporation Name

D.L.P. ENTERPRISES, INC

2. Principal Office Address

14650 SW 20 ST

3. Mailing Office Address

14650 S.W. 20ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33325

Country

U.S.A.

Zip

33325

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 24, 2000

5. FEI Number

65-1014849

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Todd W. Kliston, Esq

Street Address (P.O. Box Number is Not Acceptable)

8211 W. BROWARD BLVD Ste 375

Suite, Apt. #, Etc.

PLANTATION, FL 33324

City

State
FL

Zip Code

33325

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Todd W. Kliston

Date 6/12/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DPS

DEAN PORIO

14650 SW 20 ST.

DAVIE, FL 33325

201.25 AK

10.00 - AR ARTS

88.75 - AR SUP

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-11-02

CR2E081 (9/01)